

# APRN Reactivation

**Texas Board of Nursing**  
333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944  
Phone: 512-305-7400 -- Web Site: [www.bon.texas.gov](http://www.bon.texas.gov)

For Office Use Only:

Amount \_\_\_\_\_

Date Rec'd \_\_\_\_\_

## Reactivation Application for Recognition as an Advanced Practice Nurse

For those nurses whose authorization to practice as an Advanced Practice Nurse in Texas is inactive or delinquent

**Continuing Education Certificates must accompany reactivations.**

**Fees are non-refundable. Make check or money order payable to the Texas Board of Nursing.**

### REACTIVATE APRN:

☐ APRN REACTIVATION

Fee: \$60.00

### PRESCRIPTIVE AUTHORITY (Rx Auth.)

☐ REACTIVATE PRESCRIPTIVE AUTHORITY

\*\*No fee is required\*\*

### ADDITIONAL REQUIREMENTS:

1. Copies of Continuing Education Certificates or Supporting Documents -- please see instructions
2. Copy of current national certification, if required
3. Copy of current RN license from Compact State, if applicable

Name(Last): \_\_\_\_\_ (First): \_\_\_\_\_ (M): \_\_\_\_\_

Legal documentation is required for a name change (see 22TAC §217.7)

RN License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

(Address)

(City)

(State/Country)

(Zip/Postal Code)

(E-Mail Address)

\*\*( )

Business Fax Number

\*For statistical information, please use the statistical code sheet provided

\*Employment Status: \_\_\_\_\_

\*Primary Practice Setting: \_\_\_\_\_

\*Primary Practice Position: \_\_\_\_\_

\*Primary Specialty: \_\_\_\_\_

\*Highest Degree: \_\_\_\_\_

Primary Employment Zip: \_\_\_\_\_

Indicate the APRN titles(s) (role & specialty) you wish to have reactivated (see last page for titles): \_\_\_\_\_

Indicate the month and year that you last practiced in the above advanced specialty/role(s): Month \_\_\_\_\_ Year \_\_\_\_\_

You are required to have practiced in the advanced role and specialty you wish to reactivate for at least 400 hours in the past two years. (Refer to Board Rule 221.4(3)) Please provide the requested information about the location where you obtained the required hours of clinical practice. If you had more than one employer or preceptor, use a separate sheet to list the following information:

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Your Position Title \_\_\_\_\_ Area of Practice \_\_\_\_\_

\*\* Please note that your business fax number is being collected for use by an emergency relief program, as authorized by the Texas Occupations Code §301.206 and is confidential and not subject to disclosure.

**Continued:**

- ☐ No ☐ Yes I have completed 20 contact hours of continuing education in the advanced role and specialty listed above (and an additional five (5) contact hours in pharmacotherapeutics if reactivating prescriptive authority) within the last two years in accordance with 22 TAC Chapter 216. If yes, enclose a copy of CE certificate(s).
- ☐ No ☐ Yes I have completed 400 hours of current practice in the above advanced practice role and specialty within the last two years.
- ☐ No ☐ Yes I hold current national certification in the above advanced specialty. **A copy of the current national certification document(s) must accompany this form.** If you graduated after 12/31/95, you must be certified or have completed the requirements for waiver.

***Nurse Licensure Compact:***

In accordance with the Nursing Practice Act, section 304.001, art. 4 and 22 TAC §220.2, check one of the following:

- ☐ **I declare Texas as my primary state of residence and I have provided a Texas address.** I am eligible for a Compact Texas License (if applicable, once you receive the Texas license, your other compact state license(s) will be inactivated).
- ☐ **I declare Texas as my primary state of residence but I have not provided a Texas address.** I am eligible for a Single State Texas License only.
- ☐ **I am declaring a Non-Compact State as my primary state of residency.** My permanent residence is not Texas, however, it is a state not participating in the Nurse Licensure Compact. I am eligible for a Single State Texas License only. (You may visit [https://www.ncsbn.org/Implementation\\_dates\\_list.pdf](https://www.ncsbn.org/Implementation_dates_list.pdf) for a listing of participating states) I declare that the State of \_\_\_\_\_ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes.
- ☐ **I am declaring another Compact State as my primary state of residency.** My permanent residence is not Texas, and is a state participating in the Nurse Licensure Compact. Please put my Texas license on Inactive Status. (You may visit [https://www.ncsbn.org/Implementation\\_dates\\_list.pdf](https://www.ncsbn.org/Implementation_dates_list.pdf) for a listing of participating states) I declare that the State of \_\_\_\_\_ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes.
- ☐ **I am employed exclusively in the US military (Active Duty) or with the U.S. Federal Government and am requesting a Texas single-state license regardless of my primary state of residence.** I declare that the State of \_\_\_\_\_ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes.

Upon licensure in Texas, in which state(s) do you intend to practice (list all states that apply);

electronically \_\_\_\_\_,  
telephonically \_\_\_\_\_, or  
physically \_\_\_\_\_.

**Eligibility Questions - Answering the questions below and signing the form is mandatory.**

1) ☐ **No** ☐ **Yes** \*Have you, within the past 24 months or since your last renewal, for any criminal offense, including those pending appeal:

- A. been convicted of a misdemeanor?
- B. been convicted of a felony?
- C. pled nolo contendere, no contest, or guilty?
- D. received deferred adjudication?
- E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
- F. been sentenced to serve jail or prison time? court-ordered confinement?
- G. been granted pre-trial diversion?
- H. been arrested or have any pending criminal charges?
- I. been cited or charged with any violation of the law?
- J. been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

(You may only exclude Class C misdemeanor traffic violations or offenses previously disclosed to the Texas Board of Nursing on an initial licensure or renewal application.)

**NOTE: Expunged and Sealed Offenses:** While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed may subject your license to a disciplinary order and fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character. (See 22 TAC §213.27)

**NOTE: Orders of Non-Disclosure:** Pursuant to Tex. Gov't Code § 552.142(b), if you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. Pursuant to the Gov't Code chapter 411, the Texas Board of Nursing is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character and fitness.

2) ☐ **No** ☐ **Yes** \*Are you currently the target or subject of a grand jury or governmental agency investigation?

3) ☐ **No** ☐ **Yes** Has any licensing authority ever refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate, or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded, or otherwise disciplined you? (You may exclude disciplinary actions issued by the Texas Board of Nursing and disciplinary actions previously disclosed to the Texas Board of Nursing on an initial licensure or renewal application.)

4) ☐ **No** ☐ **Yes** \*In the past 5 years, have you been diagnosed with or treated or hospitalized for schizophrenia or other psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder? (You may answer "No" if you have completed and/or are in compliance with TPAPN for mental illness OR you've previously disclosed to the Texas Board of Nursing and have remained compliant with your treatment regime and have had no further hospitalization since disclosure.)

5) ☐ **No** ☐ **Yes** \*In the past 5 years, have you been addicted to or treated for the use of alcohol or any other drug? (You may answer "no" if you have completed and/or are in compliance with TPAPN)

I attest that I understand and meet all the requirements to practice for the type of renewal requested. I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form. Further, I understand that it is a violation of 22 TAC §217.12(6)(l) and the Penal Code, sec. 37.10, to submit a false statement to a governmental agency.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_  
(SIGNATURE REQUIRED)

\*Pursuant to the Texas Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency **and** information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466.

**NOTE: IF YOU ANSWERED "YES" TO #1-5 PLEASE REFER TO INSTRUCTIONS**

Revised 9/2013

## **STATISTICAL CODES**

### **HIGHEST DEGREE:**

- 1 = DIPLOMA
- 2 = ASSOCIATE DEGREE
- 3 = BACCALAUREATE IN NURSING
- 4 = MASTERS IN NURSING
- 5 = DOCTORATE IN NURSING

### **EMPLOYMENT STATUS:**

- 1 = EMPLOYED IN NURSING FULL TIME
- 2 = EMPLOYED IN NURSING PART TIME
- 3 = EMPLOYED IN OTHER FIELD FULL TIME
- 4 = EMPLOYED IN OTHER FIELD PART TIME
- 5 = UNEMPLOYED, RETIRED OR INACTIVE

### **PRIMARY PRACTICE POSITION:**

- 1 = ADMINISTRATOR OR ASSISTANT
- 2 = CONSULTANT
- 3 = SUPERVISOR OR ASSISTANT
- 4 = FACULTY/EDUCATOR
- 5 = HEAD NURSE OR ASSISTANT
- 6 = STAFF NURSE/GENERAL DUTY
- \*7 = NURSE PRACTITIONER
- \*8 = CLINICAL NURSE SPECIALIST
- \*9 = NURSE ANESTHETIST
- \*10 = NURSE MIDWIFE
- 11 = INSERVICE/STAFF DEVELOPMENT
- 12 = SCHOOL NURSE
- 13 = OFFICE NURSE
- 14 = RESEARCHER
- 15 = OTHER:

\* TEXAS BOARD OF NURSING APPROVAL REQUIRED

### **PRIMARY PRACTICE SETTING:**

- 1 = INPATIENT HOSPITAL CARE
- 2 = OUTPATIENT HOSPITAL CARE
- 3 = SCHOOL OF NURSING
- 4 = COMMUNITY/PUBLIC HEALTH
- 5 = SCHOOL/COLLEGE HEALTH
- 6 = SELF-EMPLOYED/PRIVATE PRACTICE
- 7 = PHYSICIAN OR DENTIST/PRIVATE PRACTICE
- 8 = RURAL HEALTH CLINIC
- 9 = FREESTANDING CLINIC
- 10 = HOME HEALTH AGENCY
- 11 = MILITARY INSTALLATION
- 12 = TEMPORARY AGENCY/NURSING POOL
- 13 = NURSING HOME/EXTENDED CARE FACILITY
- 14 = BUSINESS/INDUSTRY
- 15 = OTHER:

### **PRIMARY SPECIALTY:**

- 1 = COMMUNITY/PUBLIC HEALTH
- 2 = GENERAL PRACTICE
- 3 = GERIATRICS
- 4 = OBSTETRICS/GYNECOLOGY
- 5 = MEDICAL/SURGICAL
- 6 = PEDIATRICS
- 7 = PSYCHIATRIC/MENTAL HEALTH/SUBSTANCE ABUSE
- 8 = ANESTHESIA
- 9 = EMERGENCY CARE
- 10 = HOME HEALTH
- 11 = INTENSIVE/CRITICAL CARE
- 12 = NEONATOLOGY
- 13 = ONCOLOGY
- 14 = OPERATING/RECOVERY CARE
- 15 = REHABILITATION
- 16 = OCCUPATIONAL/ENVIRONMENTAL HEALTH
- 17 = OTHER:

# Reactivation Application for Recognition as an Advanced Practice Nurse

This form is for reactivation of APRN authorization for those RNs. who were previously authorized as an Advanced Practice Nurse in the state of Texas and who currently have an inactive or delinquent APRN authorization in Texas. Please see Rule 221.8 and 221.10 to review the requirements for reactivation and maintaining authorization as an APRN. You must reactivate to the same title that you previously held.

If you have not practiced within your advanced role and specialty for at least 400 hours within the past two years, you are not eligible to complete this form. Please review the APN Refresher Course/Extended Orientation Information that is available on the Advanced Practice section of the Texas Board of Nursing website: <http://www.bon.texas.gov>

1. **Print legibly in black ink.** Answer all questions and statements (do not leave any blanks).
2. **Attach** the appropriate fee.
3. If you currently hold a valid RN license in a state that has entered the Nurse Licensure Compact (also referred to as party state) and permanently reside in the party state, please **attach a copy of your RN license from the party state**. Please be advised that the Compact privilege only extends to those nurses who permanently reside in the party state. If you move to Texas or your primary state of residence changes, you may need to obtain a Texas RN license. If you have questions regarding whether you need to obtain a Texas RN license, please contact the Board office at (512) 305-7400 during normal business hours.
4. You must **attach a copy of your continuing education certificates**. Do not send the originals as they will not be returned to you. The continuing education rules require anyone who wishes to reactivate APN authorization to show evidence of having completed 20 contact hours of acceptable continuing education targeted for the advanced role and specialty with the two years immediately preceding the application for reactivation. If you are reactivating your prescriptive authority, an additional five (5) contact hours must be completed in pharmacotherapeutics. **Nurse Anesthetists:** Please note that we are unable to accept a copy of the AANA continuing education transcript or a copy of your Council on Recertification card as proof of continuing education.
5. If you completed your advanced educational program after 12/31/95, you must **attach a copy of your current national certification in the advanced role and specialty for which you are requesting reactivation**. This requirement may be waived only when there is no certification exam in your advanced specialty and no alternate exam has been recognized by the Board. The waiver must be requested in writing.
6. Once the application and all the required supporting documents have been received in the Board office, at least 15 business days are needed to process your application. **We are unable to process incomplete applications; therefore, it is your responsibility to ensure all the questions are answered, all the required documents are enclosed, and your address is correct.**

## PRIMARY STATE OF RESIDENCE

Primary state of residence is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile. For more information regarding the compact, visit our web site at <http://www.bon.texas.gov> or the National Council of State Boards of Nursing's web site <http://www.ncsbn.org>

## NAME CHANGE

For a name change, you must submit a copy of the legal documentation, e.g., marriage license, notarized statement or divorce decree that states the name change.

## CRIMINAL BACKGROUND CHECK

If you have not previously completed a criminal background check for the Texas Board of Nursing, you may be required to do so. If this is required, you will be notified by the Texas Board of Nursing.

## GENERAL INSTRUCTIONS - Continued

### APRN CERTIFICATION FOR REACTIVATION

**Board Rule 221.8 addresses the requirements that must be met in order to maintain licensure as an APRN. Board Rule 221.8(a)(1) addresses the requirement related to maintaining national certification/recertification in order to be eligible to maintain the APRN**

If it has been more than 24 calendar months since you last practiced as an APRN, you are not eligible to reactivate your APRN authorization at this time. Review Rule 221.8 and 221.10 for requirements to reactivate and maintain authorization as an APRN.

You must **attach a copy of your national certification document for each advanced practice title you reactivate**. The national certification document must bear an expiration date. Do not send the originals as they will not be returned to you. Failure to demonstrate current national certification as required by Rule 221.8 will render the APRN ineligible to reactivate his/her APRN license; however, the RN license can still be reactivated if all other renewal requirements are met. Failure to meet the requirements outlined in Rule 221.8 while practicing as an APRN may render a licensee subject to disciplinary action, including a disciplinary order and a fine.

### CONTINUING EDUCATION

For any Texas APRN authorization less than two years old, the APRN renewal requirements (2) & (4) (as listed above) pertaining to CE and 400 practice hours are waived. **NOTE:** If APRN CE & 400 practice hours are waived, but your Texas RN license is beyond the first renewal, then you must have 20 hours of CE for your RN license. You must **attach a copy of your continuing education certificates**. Do not send the originals as they will not be returned to you. The continuing education rules require you to complete 20 contact hours of acceptable continuing education targeted for the advanced role and specialty within the two years immediately preceding the application for reactivation. If you are reactivating your prescriptive authority, an additional five (5) contact hours must be completed in pharmacotherapeutics. **Nurse Anesthetists:** Please note that we are unable to accept a copy of the AANA continuing education transcript or a copy of your Council on Recertification card as proof of continuing education.

\*The Board's APRN continuing education requirements under Rule 221.8 are in lieu of RN required CE under Rule 216. Only 20 hours of CE are required. Category I Continuing Medical Education (CME) will meet requirements for continuing education.

*"A registered nurse who practices professional nursing or a vocational nurse who practices vocational nursing after the expiration of the nurse's license is an illegal practitioner whose license may be revoked or suspended." Texas Occupations Code § 301.301(f).*

**We are unable to process incomplete applications; therefore, it is your responsibility to ensure all the questions are answered, all the required documents are enclosed, and your address is listed correctly.**

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#### **APRN Titles/Specialties:**

Nurse Anesthetist (CRNA)

Nurse-Midwife

Nurse Practitioner:

Acute Care Adult

Acute Care Pediatric

Adult

Family

Gerontological

Neonatal

Pediatric

Psychiatric/Mental Health Women's Health

Other (must specify specialty area)

Clinical Nurse Specialist:

Adult Health/Medical-Surgical Nursing

Community Health Nursing

Critical Care Nursing

Gerontological Nursing

Pediatric Nursing

Psychiatric/Mental Health Nursing

Other (must specify specialty area)

## GENERAL INSTRUCTIONS - Continued

**If you answered yes to questions 1-5 of the Eligibility Questions on page 2, you must provide the Board with the following information:**

**\*QUESTION #1.** The Board has determined that criminal behavior is highly relevant to an individual's fitness to practice nursing. Therefore, all criminal convictions or deferred orders, prosecution, or adjudication-a determination by a court that is withheld or delayed for a specific time period, must be reported to the Board. This question includes offenses under the law of another state, federal law, or the Uniform Code of Military Justice that contains elements of criminal conduct. SUBMIT a personal letter of explanation describing each incident, the behavior that led up to the criminal order and your conduct since the order, and any rehabilitative efforts that have been performed since the order. In addition, SUBMIT the following documentation for **all** felonies, **all** misdemeanors, and **all** military actions:

Certified copies of:

1. charges (indictment, information, or complaint);
2. disposition of charges (Judgment, Order of Probation, Sentence, and/or Deferred orders); and
3. evidence that the conditions of the court have been met.

(To obtain this documentation, contact the county clerk in the jurisdiction where the order was issued for misdemeanors; district court clerk for felonies.)

You may answer "NO" to the question of prior convictions only if you: (a) received a pardon; or (b) were adjudicated as a minor without a finding of "delinquent conduct". If you were ever required to register as a sex offender, you must answer "YES".

If you have questions regarding the outcome of any criminal matter, consult your attorney.

**\*QUESTION #2.** The Nursing Practice Act provides that a person's conduct in violation of the Nursing Practice Act or rules of the Board may be considered as a factor in its deliberations regarding fitness to practice nursing. Therefore, if a licensee or applicant is the subject of a grand jury or governmental agency investigation, the information regarding conduct or behavior giving rise to the investigation may be relevant in determining a violation of the Nursing Practice Act or lead to the admissibility of relevant evidence of such violation. If you are the subject of a grand jury or governmental agency investigation, please SUBMIT the name and address of the investigating entity and an explanation as to the basis of the investigation.

**QUESTION #3.** The Board has determined that if any licensing authority has taken disciplinary action against a person for any reason, then those actions are highly relevant to an individual's current ability to practice nursing in the state of Texas. If any licensing authority has refused to issue a license, revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate, or multi state privilege held by you or previously fined, censured, reprimanded or otherwise disciplined you, SUBMIT the names and address of the licensing authority who has taken action and a letter explaining the background of the action. Additionally, SUBMIT certified copies of:

1. formal charges or allegations supporting the licensure action;
2. final disposition of the licensing authority regarding those formal charges or allegations; and
3. evidence that the conditions of the licensing authority's order or requirements have been met.

## GENERAL INSTRUCTIONS - Continued

**\*QUESTION #4.** The practice of nursing requires current fitness. The Board has identified certain disorders which, if occurring within the last 5 years, may indicate a lack of fitness. The disorders are: schizophrenia and other psychotic disorders, bipolar disorder, paranoid personality disorder, anti-social personality disorder, or borderline personality disorder. If you have been diagnosed, treated, or hospitalized for any of the above illnesses within the last 5 years, submit the following information that will allow the Board to conduct an individualized assessment of your ability to practice safely, competently, and without impairment to your professional judgment, skill, or knowledge.

1. A report, on letterhead, from your physician, psychiatrist, psychologist or counselor, sent directly to this office, that includes: your diagnosis; treatments rendered; including current medications; prognosis; cognitive, affective, and emotional stability and continuing after-care recommendations, including reasonable accommodations needed to safely practice nursing, if any; and,
2. Verification of compliance with aftercare recommendations.

Please be advised that a physical/psychological evaluation may be requested as part of your individualized assessment.

The evaluation process is described in more detail at [www.bon.texas.gov/disciplinaryaction/eval-guidelines.html](http://www.bon.texas.gov/disciplinaryaction/eval-guidelines.html).

The evaluation process could potentially delay consideration of your reactivation. Therefore, the Board is providing advance notice of this possibility so that applicants may contact the Board to schedule an evaluation at the beginning of the reactivation process. By doing so, the reactivation should not be unduly delayed. An applicant is not required to contact the Board in advance of Board consideration of the reactivation. The applicant may choose to wait for a specific decision by the Board that a specific evaluation is necessary. This information is being provided to put applicants on notice with respect to this potential requirement and afford the applicant the opportunity to expedite the process if he/she so desires.

**\*QUESTION #5.** The practice of nursing requires current sobriety and fitness. If you have been addicted to or treated for the use of alcohol or any other drug within the last five years, SUBMIT:

1. verification of treatment for substance abuse sent directly to the Board from the treatment center;
2. verification of compliance with aftercare recommendations;
3. evidence of continuing sobriety/abstinence, for example, current support group attendance and random drug testing results; and
4. a personal letter of explanation with sobriety date and plan for relapse prevention.

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\*Pursuant to the Texas Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency **and** information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466.

### **APRN Reactivation Form Checklist - (Do not return this sheet)**

- \_\_\_\_\_ Have you answered all the questions on the reactivation form?
- \_\_\_\_\_ Have you signed and dated the reactivation form?
- \_\_\_\_\_ Have you enclosed the appropriate fee?
- \_\_\_\_\_ Have you completed 20 hrs of Continuing Education that meet the criteria in 22 TAC Chapter 216 (if applicable)?
- \_\_\_\_\_ Worked 400 hrs in advanced specialty since last renewal?
- \_\_\_\_\_ If applicable, reactivating Prescriptive Authority?
- \_\_\_\_\_ If applicable, have you completed 5 hrs of CE in pharmacology?
- \_\_\_\_\_ If applicable, have you enclosed a copy of the current national certification document?
- \_\_\_\_\_ If applicable, have you enclosed a copy of your current Compact RN License?

## **APN Titles/Specialties:**

Nurse Anesthetist (CRNA) Nurse-

Midwife

Nurse Practitioner:

- Acute Care Adult
- Acute Care Pediatric
- Adult
- Family
- Gerontological
- Neonatal
- Pediatric
- Psychiatric/Mental Health
- Women's Health
- Other (must specify specialty area)

Clinical Nurse Specialist

- Adult Health/Medical-Surgical Nursing
- Community Health Nursing
- Critical Care Nursing
- Gerontological Nursing
- Pediatric Nursing
- Psychiatric/Mental Health Nursing
- Other (must specify specialty area)